

MONTANA [district #] JUDICIAL DISTRICT YOUTH COURT, [county] COUNTY

IN THE MATTER OF: [name of youth], A YOUTH	CAUSE NO. [cause #] ORDER TO WITHHOLD INCOME
--	---

TO: [employer's name and address]

Voluntary Withholding Authorization of [parent's name] having been presented to the Court by the Special Assistant Attorney General on behalf of the Department of Corrections Youth Services Division ("DOC"),

IT IS HEREBY ORDERED as follows:

1. [parent's name]'s employer as identified above (the "Employer") shall withhold income from [parent's name] for cost-of-care contributions. The Employer shall deduct \$[amount] per [week/month] as stated in the Order but shall in no event deduct more than 50% of [parent's name] disposable earnings per [week/month].

2. From the date of this Order until it is terminated by DOC giving notice of termination to the Employer, Employer shall direct all garnishments of [parent's name]'s earning to the following address:

Department of Corrections
Youth Services Division
P. O. Box 201301
Helena, MT 59620-1301

In the matter of [insert youth name] Cause No. [cause #]
Order to Withhold Income

PAGE 1

Checks shall be made payable to “MT Dept. of Corrections” and shall note Parent No. [parent's name], CAPS No. [CAPS #].

3. Employer shall notify DOC in writing when [parent's name] no longer works for Employer, and include the date of separation, last known address, and name of new employer if known.

4. If Employer fails to withhold income as hereby ordered, Employer is liable for both the accumulated amount that should have been withheld from [parent's name]'s earnings and any other penalties set by State law.

DATED this [date] day of [month], 20[year]

[Judge's Name]
DISTRICT COURT JUDGE

cc: [county] County Attorney
Public Defender's Office
Youth Court Services
[parent's name and mailing address]
[employer's name and mailing address]
DOC/RAO

In the matter of [insert youth name] Cause No. [cause #]
Order to Withhold Income

PAGE 2